

AL
2/8

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 1/23/01 |
| FORMALITY REVIEW | MH | Jc4/920 | 02-07-01 |
| RESPONSE FORMALITY REVIEW | | | |

Jc4/920

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
÷ Restricted O Objected

| Claim | | Date | | | | | | | | | |
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| Final | Original | | | | | | | | | | |
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| | 19 | ✓ | | | | | | | | | |
| | 20 | 0 | | | | | | | | | |
| | 21 | ✓ | | | | | | | | | |
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| Claim | | Date | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)